

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET¹
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0/538830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6	①						56						
7	①						57						
8	①						58						
9	①						59						
10	①						60						
11	①						61						
12	1						62						
13	1						63						
14	1						64						
15	2						65						
16	①						66						
17	①						67						
18	①						68						
19	①						69						
20	①						70						
21	①						71						
22	①						72						
23	①	1					73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	18		←		←		TOTAL DEP.		←		←		←
TOTAL CLASOS	21						TOTAL CLASOS						